FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8773

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1061

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Downtown Hosp. — Length of stay in 1b 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4204 E. 69th (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle S. Last LISPI

4. DATE OF DEATH Month March Day 4 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 25, 1904
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative
10b. KIND OF BUSINESS OR INDUSTRY Carling Brewing Co
11. BIRTHPLACE (City and state or country) Chicopee, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Saverio Lispi
14. MOTHER'S MAIDEN NAME Latina Purgatorio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 495-10-6449
17. INFORMANT (Wife) Mrs. Rose M. Lispi Address 4204 E. 69th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema and gastric dilatation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial failure
DUE TO (c) Chronic coronary Insufficiency
INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Portal cirrhosis; Inflammation of intestine; Pneumonia; bile duct; Recent cholecystosis; Hemostomy; cholelithiasis.
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 25, 1957, to Mar. 4, 1957 and last saw ~~xx~~ him alive on March 4, 1957
Death occurred at 7:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Nigro M.D.
22b. ADDRESS 1222 McGee St., K.C., Mo.
22c. DATE SIGNED 3-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-4-57
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Memphis, Tenn.

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 1800 E. Linwood
25. DATE RECD. BY LOCAL REG. 3-6-57
26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. A. Nigro.

Have Dr. Ax Mig
Sign this

Joe will to
Case of Ulc

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Bertrand

Licensed Embalmer No. 49

P. O. Address K. C-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.